

Case #	Specimen Date	Specimen Type	N1 Ct	N2 Ct	<sup>1</sup> Symptoms Consistent with COVID-19	<sup>1</sup> Score	<sup>2</sup> Symptoms Highly Suspected for COVID-19	<sup>2</sup> Score	<sup>3</sup> Sick Contact	<sup>3</sup> Score	<sup>4</sup> Additional PCR Test Results	<sup>4</sup> Score	<sup>5</sup> Antibody (IgG) Test Results	<sup>5</sup> Score	Total Score	Score-based Interpretation	HCW	Pre-Op	Clinical and Epidemiological History
CDC-1	03/13/20	NP Swab	UD	35.6	No	0	No	0	Yes	1	Inconclusive 3/14 (N2 = 35.6)	2	6/27 Pos	4	7	Confirmed positive	No	No	Age in the 60s, with a history of hypothyroidism, hypercholesterolemia, and a chronic non-productive cough for several months, with no associated fever or hemoptysis. The patient had exposure to a family member with confirmed COVID-19 but did not develop new symptoms during home quarantine.
CDC-2	03/12/20	NP Swab	UD	36.1	No	0	No	0	Yes	1	3/13 Neg	0	N/A	0	1	Most likely false positive	No	No	Age in the 20s, with no past medical history, had exposure to a confirmed case. No symptoms.
CDC-3	03/18/20	NP Swab	UD	36.4	No	0	No	0	No	0	3/19 Neg, 3/20 Neg	0	N/A	0	0	Most likely false positive	No	No	Age in the 60s, with a history of hepatitis C, complicated by cirrhosis and hepatocellular carcinoma, was admitted after sustaining a fall at home, gastrointestinal bleed, encephalopathy and anemia. There was no evidence of fever or cough, but only mild leukocytosis which led to low clinical suspicion for SARS-CoV-2 infection. No exposure or travel history was noted. The patient never developed respiratory symptoms up to the time of writing this manuscript.
CDC-4	03/18/20	NP Swab	UD	36.3	Yes	1	Yes	3	Yes	1	3/19 Inconclusive (N2 = 39.3)	2	N/A	0	7	Confirmed positive	No	No	Age in the 70s, with a history of thyroid cancer, hepatitis C infection, and asthma, who presented to the emergency department with gradual onset of fever and chills for 3 days, associated with cough and shortness of breath. Chest X-ray demonstrated increased hazy opacity in the left mid lung. Respiratory panel for Influenza A/B and RSV was negative. One family member had influenza-like illness (ILI) with unknown COVID-19 status.
CDC-5	03/19/20	NP Swab	UD	34.4	Yes	1	Yes	3	Yes	1	3/19 Inconclusive (N2 = 31.0), 3/23 Pos (BAL)	5	N/A	0	10	Confirmed positive	No	No	Age in the 60s, with a history of metastatic prostatic adenocarcinoma undergoing chemotherapy, who presented to the emergency department with worsening abdominal pain and constipation for 4 days. The patient had a family member who was sick with a cough at home. Vitals signs were stable in the ED, with exams notable for diffuse abdominal tenderness to palpation. Chest CT scan showed bilateral ground glass nodularity suspicious for multifocal pneumonia. The initial laboratory exams were notable for leukocytosis and thrombocytopenia, and additional findings consistent with tumor lysis syndrome. While the patient was started on broad spectrum antibiotics, overnight they were found to be septic, requiring increased oxygen, transfer to ICU and intubation. While there was high clinical concern for SARS-CoV-2 infection, the initial NP swab tested inconclusive. Subsequent laboratory exams showed lymphocytopenia as well as persistent thrombocytopenia, and elevated liver enzymes concerning for liver failure. The patient continued to decline, and passed away. A BAL specimen collected shortly prior to death returned positive for 2019-nCoV.
CDC-6	04/01/20	NP Swab	UD	36.4	Yes	1	No	0	Yes	1	3/13 Pos, 4/2 Inconclusive (N1=35.7)	5	4/29 Pos	4	11	Confirmed positive	No	No	Age in the 50s, with no significant past medical history, who reported onset of upper respiratory symptoms including sore throat, nasal congestion, and mild cough, without any subjective fevers beginning approximately 8 days after exposure to a confirmed COVID-19 case.
CDC-7	04/06/20	BAL	UD	34.8	Yes	1	Yes	1	Unclear	0	4/6 Pos	5	N/A	0	7	Confirmed positive	No	No	Age in the 40s, with a history of obesity, pre-diabetes, cardiomyopathy, chronic kidney disease, who presented with chest pain and progressive dyspnea with preceding anorexia and chills. Initial outside workup included positive COVID 19 testing. Developed worsening shortness of breath requiring intubation and ECMO. Transferred to UCLA for higher level of care. Treatment included intubation, one day of remdesivir treatment outside, four days of hydroxychloroquine and azithromycin, and two days of compassionate use tocilizumab, as well as ECMO. ECMO decannulated on day 14. Patient was able to be extubated and discharged home.
CDC-8	04/13/20	BAL	UD	35.3	Yes	1	No	0	Unclear	0	4/12 Pos, 4/13 Inconclusive (N1=36.2) 4/17 Pos	5	N/A	0	6	Confirmed positive	No	No	Age in the 50s, with no known past medical history, who presented to the ED with fever, cough, malaise, dry cough and fevers. Patient did not report any shortness of breath, recent travel or known sick contacts. Patient developed respiratory failure, required ICU level of care and intubation, complicated by sepsis, acute kidney injury, and GI motility/feeding issues. Condition improved and was able to be extubated and discharged home.
CDC-9	05/07/20	BAL	UD	34.7	Yes	1	Yes	3	No	0	3/18 Pos, 4/20 Pos, 4/22 Neg	5	N/A	0	9	Confirmed positive	No	No	Age in the 70s, with a history of GERD, who presented to the ED with runny nose, cough, fevers and chills at home with some shortness of breath. Patient has no recent travel or known sick contacts. Admitted with pneumonia, complicated by respiratory failure requiring intubation and eventual tracheostomy, sepsis, and possible superimposed bacterial pneumonia. Discharged home.
CDC-10	05/08/20	NP Swab	UD	35.5	No	0	No	0	Yes	1	4/21 Pos, 4/28 Pos, 5/9 Neg	5	N/A	0	6	Confirmed positive	No	No	Age in the 90s, with a history of dementia and hypothyroidism, residing in an assisted living facility, with no significant symptoms reported, found to be positive for COVID PCR.
CDC-11	05/09/20	NP Swab	UD	35.8	Yes	1	No	0	Unclear	0	4/22 Pos	5	N/A	0	6	Confirmed positive	No	No	Age in the 80s, with a history of dementia residing in a skilled nursing facility, with mild cough.
CDC-12	05/18/20	NP Swab	UD	34.1	Yes	1	No	0	Unclear	0	5/7 Pos, 5/21 Neg	5	N/A	0	6	Confirmed positive	No	No	Age in the 70s, with a history of pre-diabetes, who works at a long term care facility, who takes public transportation to work, who endorsed fatigue and worsening cough.
CDC-13	05/20/20	NP Swab	UD	34.1	Yes	1	Yes	3	Unclear	0	5/7 Pos	5	N/A	0	9	Confirmed positive	No	No	Age in the 20s, with no significant past medical history, who presented over video visit with chills, sinus pressure, non-productive cough, chest pain with deep breathing, loss of appetite, anosmia, dysgeusia, reportedly afebrile. Patient reports no known sick contacts, recent travel, or history of COVID exposure.
CDC-14	05/20/20	NP Swab	UD	36.1	Yes	1	Yes	3	Yes	1	N/A	0	5/7 Pos	4	9	Confirmed positive	No	No	Age in the 70s, with a history of coronary artery disease complicated by ischemic cardiomyopathy, diabetes, GERD, with known exposure to a family member who tested positive for COVID, presenting with cough, sore throat, shortness of breath and diarrhea. Subsequently visited the ED with worsening shortness of breath and was admitted briefly for monitoring.
CDC-15	06/10/20	NP Swab	UD	35.1	Yes	1	No	0	No	0	N/A	0	N/A	0	1	Most likely false positive	No	No	Age in 40s, without significant past medical history, presented with dysphagia, painful lump in the throat and subjective sore throat. Patient had no exposure history and has been practicing social distancing. The symptoms were resolve next day after antibiotic and prednisone treatment.
CDC-16	06/14/20	NP Swab	UD	36.1	No	0	No	0	Unclear	0	6/15 Neg	0	N/A	0	0	Most likely false positive	No	Yes	Age in 60s, pre-operational screening for endoscopy procedure for colon cancer screening.
CDC-17	06/17/20	Lung Swab	UD	39.8	Yes	1	Yes	3	Unclear	0	6/17 Pos	5	N/A	0	9	Confirmed positive	No	No	Age in 60s, autopsy case. Patient died of confirmed COVID-19 pneumonia. Autopsy showed PULMONARY THROMBOEMBOLUS WITH INFARCTIONS, BILATERAL.
CDC-18	06/18/20	NP Swab	UD	36.8	Yes	1	No	0	No	0	6/19 Neg	0	N/A	0	1	Most likely false positive	No	No	Age in 20s, patient reported subjective fever, chills, sweats, cough, diarrhea beginning 3 days ago, but denied known sick contacts. Patient later developed lower abdominal pain and was diagnosed with recurrent UTI.